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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : RONALD A. SCHACHAR, ET AL.
U.S. Serial No. : 10/080,877
Filed : February 22, 2002
For : SYSTEM AND METHOD FOR MAKING INCISIONS FOR
SCLERAL EYE IMPLANTS
Group No. : 3731
Examiner : Bradford C. Pantuck

MAIL STOP APPEAL BRIEF - PATENTS

Commissioner for Patents
P.O. Box 1450
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APPEAL BRIEF

The Appellants have appealed to the Board of Patent Appeals and Interferences from the decision of the Examiner dated January 25, 2005, finally rejecting Claims 1-9 and 31-61. The Appellants filed a Notice of Appeal on April 25, 2005, which was received by the U.S. Patent and Trademark Office on April 28, 2005. The Appellants respectfully submit this brief on appeal with the appropriate statutory fee.

REAL PARTY IN INTEREST

This application is currently owned by Refocus Ocular, Inc. as indicated by:

- (1) an assignment from the inventors to RAS Holding Corp. recorded on February 22, 2002 in the Assignment Records of the U.S. Patent and Trademark Office at Reel 012623, Frame 0556;
- (2) a merger of RAS Holding Corp. with Presby Corp. recorded on January 21, 2005 in the Assignment Records of the U.S. Patent and Trademark Office at Reel 015612, Frame 0466; and
- (3) a change of name from Presby Corp. to Refocus Ocular, Inc. recorded on January 21, 2005 in the Assignment Records of the U.S. Patent and Trademark Office at Reel 015612, Frame 0469.

RELATED APPEALS AND INTERFERENCES

There are no known appeals or interferences that will directly affect, be directly affected by, or have a bearing on the Board's decision in this pending appeal.

STATUS OF CLAIMS

Claims 1-9 and 31-61 have been rejected pursuant to a final Office Action dated January 25, 2005. Claims 10-21 have been objected to pursuant to the final Office Action dated January 25, 2005. Claims 22-30 have been withdrawn. Claims 1-9 and 31-61 are presented for appeal. A copy of Claims 1-61 is provided in the Appendix.

STATUS OF AMENDMENTS

The Appellants filed an AMENDMENT UNDER 37 C.F.R. § 1.116 on March 25, 2005. The Examiner refused to enter the AMENDMENT in an Advisory Action dated April 19, 2005, asserting that the AMENDMENT did not place the application in better form for appeal by materially reducing or simplifying the issues for appeal.

SUMMARY OF CLAIMED SUBJECT MATTER

Regarding Claim 1, a surgical tool 1100 for making an incision in scleral tissue 102 of an eye 100 includes a surgical blade 1140 capable of being moved by the surgical tool 1100 through the scleral tissue 102 of the eye 100. (*Application, Page 28, Lines 13-24*). The surgical blade 1140 makes an incision having the form of a scleral pocket 120 that is capable of receiving a scleral prosthesis 200. (*Application, Page 28, Lines 13-15*).

Regarding Claim 31, a surgical tool 1100 includes a surgical blade 1140 and a motor 1420 operable to move the surgical blade 1140 through scleral tissue 102 of an eye 100 to make an incision. (*Application, Page 28, Lines 13-24; Page 31, Lines 17-21*). The incision forms a scleral pocket 120 in a region of a ciliary body 116 of the eye 100. (*Application, Page 20, Line 20 – Page 21, Line 16*). The scleral pocket 120 has a form capable of receiving a scleral prosthesis 200 to increase an effective working distance of a ciliary muscle of the eye 100. (*Application, Page 27, Lines 1-18*).

Regarding Claim 44, a surgical tool 1100 includes a surgical blade 1140 and a controller 1200 operable to control movement of the surgical blade 1140 through scleral tissue 102 of an eye

100 to make an incision. (*Application, Page 28, Lines 13-24; Page 29, Line 1 – Page 30, Line 2*). The incision forms a scleral pocket 120 in a region of a ciliary body 116 of the eye 100. (*Application, Page 20, Line 20 – Page 21, Line 16*). The scleral pocket 120 has a form capable of receiving a scleral prosthesis 200 that increases an effective working distance of a ciliary muscle of the eye 100. (*Application, Page 27, Lines 1-18*).

Regarding Claim 56, a surgical tool 1100 includes a surgical blade 1140 and an apparatus operable to move the surgical blade 1100 through scleral tissue 102 of an eye 100 to make an incision. (*Application, Page 28, Lines 13-24*). The incision forms a scleral pocket 120 in a region of a ciliary body 116 of the eye 100. (*Application, Page 20, Line 20 – Page 21, Line 16*). The scleral pocket 120 has a form capable of receiving a scleral prosthesis 200 to increase an effective working distance of a ciliary muscle of the eye 100. (*Application, Page 27, Lines 1-18*).

GROUNDS OF REJECTION

1. Claims 1 and 6-9 stand rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 5,522,829 to Michalos (“*Michalos*”).
2. Claims 1-5 and 31-61 stand rejected under 35 U.S.C. § 102(e) as being anticipated by U.S. Patent No. 6,328,747 to Nun (“*Nun*”).

ARGUMENT

I. GROUND OF REJECTION #1

The rejection of Claims 1 and 6-9 under 35 U.S.C. § 102(b) is improper and should be withdrawn.

A. OVERVIEW

Claims 1 and 6-9 stand rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 5,522,829 to Michalos (“*Michalos*”).

B. STANDARD

A prior art reference anticipates a claimed invention under 35 U.S.C. § 102 only if every element of the claimed invention is identically shown in that single reference, arranged as they are in the claims. (*MPEP* § 2131; *In re Bond*, 910 F.2d 831, 832, 15 U.S.P.Q.2d 1566, 1567 (*Fed. Cir. 1990*)). Anticipation is only shown where each and every limitation of the claimed invention is found in a single prior art reference. (*MPEP* § 2131; *In re Donohue*, 766 F.2d 531, 534, 226 U.S.P.Q. 619, 621 (*Fed. Cir. 1985*)).

C. THE MICHALOS REFERENCE

Michalos recites a remotely operable surgical cutting instrument. (*Abstract*). The cutting instrument includes a body with two angled portions and a blade mounted on the end of one of the portions. (*Col. 1, Lines 50-56*). The cutting instrument could also include a turning unit on which

the blade is mounted, and the turning unit controls the orientation of the blade's cutting edge. (*Col. 2, Lines 34-42*).

D. CLAIM 1

Claim 1 recites a surgical tool for making an incision in scleral tissue of an eye, which includes:

a surgical blade capable of being moved by said surgical tool through said scleral tissue of said eye to make an incision having the form of a scleral pocket that is capable of receiving a scleral prosthesis.

The Examiner fails to establish that *Michalos* anticipates all elements of Claim 1. In particular, the Examiner fails to establish that *Michalos* recites a surgical blade that is capable of being moved to make an “incision” in “scleral tissue” of an eye, where the incision has “the form of a scleral pocket that is capable of receiving a scleral prosthesis” as recited in Claim 1.

First, *Michalos* never recites using the cutting instrument to make incisions in the “scleral tissue” of an eye. While *Michalos* implies that the cutting instrument could be used for various surgical procedures (*Col. 5, Lines 31-44*), *Michalos* lacks any mention of using the cutting instrument to make an incision in the “scleral tissue” of an eye. In fact, *Michalos* expressly states that the cutting instrument can be used by inserting it into a “single incision” in the sclera. (*Col. 5, Lines 25-30*). As a result, *Michalos* fails to anticipate using the cutting instrument to make an incision forming a scleral pocket in “scleral tissue” of an eye as recited in Claim 1.

Second, *Michalos* never recites using the cutting instrument to make an incision that forms a

“scleral pocket” that is “capable of receiving a scleral prosthesis.” Rather, *Michalos* recites using the cutting instrument to cut and remove a portion of the capsular membrane in a patient’s eye, which is below the sclera. (*Col. 7, Lines 46-67; Col. 1, Lines 24-31*). As noted in the Appellants’ specification, a “scleral pocket” is not formed by a mere incision, but instead requires an incision in the sclera followed by an extension of the incision under the surface of the sclera. The Examiner has failed to provide any explanation as to how the cutting instrument of *Michalos* can form a “scleral pocket” for receiving a “scleral prosthesis” in scleral tissue of an eye. Instead, the Examiner has simply noted that the cutting instrument of *Michalos* is capable of “cutting the sclera of the eye.” (*01/25/05 Office Action, Page 2, Section 2*). The ability of the cutting instrument in *Michalos* to “cut[] the sclera of the eye” is not enough to anticipate Claim 1 unless the Examiner can also show that the cutting instrument in *Michalos* can form a “scleral pocket” for receiving a “scleral implant.” The Examiner has not made this showing.

For these reasons, the Examiner fails to establish that *Michalos* anticipates all elements of Claim 1. Accordingly, the Appellants respectfully request that the § 102 rejection of Claim 1 be withdrawn and that Claim 1 be passed to allowance.

E. CLAIMS 6-9

Claims 6-9 depend from Claim 3, which depends from Claim 1. As noted above, Claim 1 is patentable over *Michalos*. As a result, Claims 6-9 are patentable due to their dependence from Claim 1.

Also, the Examiner did not reject Claim 3 as being anticipated by *Michalos*. The Office

Action provided by the Examiner on January 25, 2005 was required to be complete “as to all matters.” (MPEP § 707.07). Because of this, it appears the Examiner does not believe that *Michalos* anticipates Claim 3. As a result, Claim 3 is patentable over *Michalos*, and Claims 6-9 are patentable due to their dependence from Claim 3.

For these reasons, the Examiner fails to establish that *Michalos* anticipates all elements of Claims 6-9. Accordingly, the Appellants respectfully request that the § 102 rejection of Claims 6-9 be withdrawn and that Claims 6-9 be passed to allowance.

II. GROUND OF REJECTION #2

The rejection of Claims 1-5 and 31-61 under 35 U.S.C. § 102(e) is improper and should be withdrawn.

A. OVERVIEW

Claims 1-5 and 31-61 stand rejected under 35 U.S.C. § 102(e) as being anticipated by U.S. Patent No. 6,328,747 to Nun (“*Nun*”).

B. THE NUN REFERENCE

Nun recites a cataract removing device (CRD) for surgically removing a cataract from a patient’s eye. (*Abstract*). A cryomanipulator can selectively adhere to tissue (such as a lens in the patient’s eye), allowing the tissue to be manipulated. (*Col. 2, Line 51 – Col. 3, Line 3*). A drill blade 246 on a drilling unit 230 is used to cut, break, or disintegrate a cataract or other part of the lens in the patient’s eye. (*Col. 15, Lines 40-51*). Once the cataract is removed, an artificial lens may be placed in the patient’s eye. (*Col. 16, Lines 7-8*).

C. CLAIMS 1, 2, 4, 5, 31-37, 39, 40, 42-46, 48-52, AND 54-61

Claim 1 recites a surgical tool for making an incision in scleral tissue of an eye, which includes:

a surgical blade capable of being moved by said surgical tool through said scleral tissue of said eye to make an incision having the form of a scleral pocket that is capable of receiving a scleral

prosthesis.

The Examiner fails to establish that *Nun* anticipates all elements of Claim 1. In particular, the Examiner fails to establish that *Nun* recites a surgical blade that is capable of being moved to make an “incision” in “scleral tissue” of an eye, where the incision has “the form of a scleral pocket that is capable of receiving a scleral prosthesis” as recited in Claim 1.

First, *Nun* never recites using the cataract removing device to make incisions in the “scleral tissue” of an eye. Instead, *Nun* simply states that the cryomanipulator is “inserted into eye lens 20 via cornea 16 and dilated pupil 18.” (*Col. 9, Lines 2-4*). *Nun* also indicates that the cryomanipulator and drilling unit are placed into the patient’s eye using previously created incisions. (*Col. 15, Lines 7-24*). *Nun* lacks any mention of using the cryomanipulator or drilling unit to make an incision forming a “scleral pocket” in the “scleral tissue” of an eye as recited in Claim 1.

Second, *Nun* never recites using the cryomanipulator or drilling unit to make an incision that forms a “scleral pocket” that is “capable of receiving a scleral prosthesis.” Rather, *Nun* recites using the cryomanipulator and drilling unit to break apart a cataract in the lens of a patient’s eye. The Examiner has failed to provide any explanation as to how using a blade to break apart a cataract can form a “scleral pocket” in scleral tissue of an eye.

The Examiner notes that an “incision is considered to be merely a cut or hole in body tissue.” (*01/25/05 Office Action, Page 3, Section 7*). However, Claim 1 does not merely recite a “surgical blade” that is capable of making an “incision.” Claim 1 recites a “surgical blade” that is capable of being moved by a surgical tool to make an “incision having the form of a scleral pocket that is capable of receiving a scleral prosthesis.” The Examiner must therefore show that the device of *Nun*

is capable of making an incision “having the form of a scleral pocket,” where the “scleral pocket” is “capable of receiving a scleral prosthesis.” The Examiner has not made this showing.

For these reasons, the Examiner fails to establish that *Nun* anticipates all elements of Claim 1 (and its dependent claims). For similar reasons, the Examiner fails to establish that *Nun* anticipates all elements of Claims 31, 44, and 56 (and their dependent claims). Accordingly, the Appellants respectfully request that the § 102 rejection of Claims 1, 2, 4, 5, 31-37, 39, 40, 42-46, 48-52, and 54-61 be withdrawn and that Claims 1, 2, 4, 5, 31-37, 39, 40, 42-46, 48-52, and 54-61 be passed to allowance.

D. CLAIM 3

Claim 3 recites the surgical tool as claimed in Claim 1, where the surgical tool further includes a base housing having:

a first drive shaft for providing bidirectional rotational motion to said surgical blade;

a drive motor coupled to said first drive shaft, said drive motor capable of providing bidirectional rotational motion to said first drive shaft; and

a control cable receptacle coupled to said drive motor, said control cable receptacle capable of receiving electrical power from an external power source and providing said electrical power to said drive motor to operate said drive motor.

Claim 3 depends from Claim 1. As noted above, Claim 1 is patentable over *Nun*. As a result, Claim 3 is patentable due to its dependence from Claim 1.

Claim 3 is also patentable in light of its own recitations. For example, Claim 3 recites that a first drive shaft provides “bidirectional rotational motion” to a surgical blade and a drive motor

provides “bidirectional rotational motion” to the first drive shaft.

While *Nun* recites the use of a drilling unit having a drill blade 246, *Nun* lacks any mention that the drilling unit supports “bidirectional rotational motion.” Instead, the Examiner asserts that drills are “generally capable of bi-directional spinning.” (*01/25/05 Office Action, Page 4, Section 8*). However, the Examiner rejected Claim 3 under § 102 rather than § 103. As a result, the Examiner must show that each and every element of Claim 3 is disclosed in *Nun*. Because the Examiner has failed to show that the drill blade 246 of *Nun* is capable of “bidirectional rotational motion,” the Examiner has not established that *Nun* anticipates all elements of Claim 3.

Moreover, the Examiner’s assertion that drills are “generally capable of bi-directional spinning” is irrelevant unless the Examiner can establish that surgical drills such as the one disclosed in *Nun* are generally capable of bi-directional spinning. While hand-held drills used in workshops may be capable of bi-directional spinning, the Examiner provides no explanation as to why this functionality is useful or necessary in *Nun*.

For these reasons, the Examiner fails to establish that *Nun* anticipates all elements of Claim 3. Accordingly, the Appellants respectfully request that the § 102 rejection of Claim 3 be withdrawn and that Claim 3 be passed to allowance.

E. CLAIMS 38, 41, 47, AND 53

Claim 38 recites a surgical tool, where a controller associated with a motor is operable to generate control signals that control movement of a surgical blade, and where:

one controlled movement of said surgical blade is to position

said surgical blade to make said incision.

Claim 38 depends from Claim 31. As noted above, Claim 31 is patentable over *Nun*. As a result, Claim 38 is patentable due to its dependence from Claim 31.

Claim 38 is also patentable in light of its own recitations. For example, Claim 38 recites that a “controlled movement” of a surgical blade is to “position” the blade to make an incision. *Nun* simply recites that a controlling unit 224 is used to manually control the “speed of rotation” of a motor 206. (*Col. 12, Lines 54-60*). *Nun* lacks any mention of the controlling unit 224 generating control signals to position the drilling blade 246 for making an incision. In fact, in rejecting Claim 38, the Examiner did not even attempt to show that *Nun* discloses generating control signals to position a blade for making an incision. Instead, the Examiner merely noted that a surgeon can “adjust the speed of the motor using controls.” (*01/25/05 Office Action, Page 4, Section 9*).

For these reasons, the Examiner fails to establish that *Nun* anticipates all elements of Claim 38. For similar reasons, the Examiner fails to establish that *Nun* anticipates all elements of Claims 41, 47, and 53. Accordingly, the Appellants respectfully request that the § 102 rejection of Claims 41, 47, and 53 be withdrawn and that Claims 41, 47, and 53 be passed to allowance.

SUMMARY

The Appellants have demonstrated that the present invention as claimed is clearly distinguishable over the prior art cited of record. Therefore, the Appellants respectfully request the Board of Patent Appeals and Interferences to reverse the final rejection of the Examiner and instruct the Examiner to issue a notice of allowance of all claims.

The Appellants have enclosed the appropriate fee to cover the cost of this APPEAL BRIEF and to cover the cost of a two (2) month extension of time. The Appellants do not believe that any additional fees are due. However, the Commissioner is hereby authorized to charge any additional fees (including any additional extension of time fees) or credit any overpayments to Davis Munck Deposit Account No. 50-0208.

Respectfully submitted,

DAVIS MUNCK, P.C.

Date: August 29, 2005

Frederick D. Hamilton
Frederick D. Hamilton
Registration No. 29,717

P.O. Drawer 800889
Dallas, Texas 75380
(972) 628-3600 (main number)
(972) 628-3616 (fax)
E-mail: fhamilton@davismunck.com



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APPENDIX

PENDING CLAIMS

1. A surgical tool for making an incision in scleral tissue of an eye comprising:
a surgical blade capable of being moved by said surgical tool through said scleral tissue of said eye to make an incision having the form of a scleral pocket that is capable of receiving a scleral prosthesis.
2. A surgical tool as claimed in Claim 1 wherein said surgical blade comprises a curved cutting blade that is capable of making an incision in said scleral tissue that is approximately one and one half millimeters wide and approximately four millimeters long, said incision being located approximately four hundred microns under a surface of said scleral tissue.
3. A surgical tool as claimed in Claim 1 further comprising a base housing comprising:
a first drive shaft for providing bidirectional rotational motion to said surgical blade;
a drive motor coupled to said first drive shaft, said drive motor capable of providing bidirectional rotational motion to said first drive shaft; and
a control cable receptacle coupled to said drive motor, said control cable receptacle capable of receiving electrical power from an external power source and providing said electrical power to said drive motor to operate said drive motor.
4. A surgical tool as claimed in Claim 1 further comprising a surgical tool controller, wherein said surgical tool is capable of receiving control signals from said surgical tool controller and capable of using said control signals to control said surgical blade of said surgical tool; and
wherein said surgical tool controller is capable of sending said control signals to said surgical tool in response to receiving control signals from a surgeon who is using said surgical tool to make an incision in said scleral tissue of said eye.
5. A surgical tool controller as claimed in Claim 4 further comprising a foot switch coupled to said surgical tool controller through a control signal line, said foot switch capable of sending control signals from said surgeon to said surgical tool controller to control said surgical blade of said surgical tool.

6. A surgical tool as claimed in Claim 3 further comprising:
a drive shaft housing coupled to said base housing, said drive shaft housing comprising a second drive shaft coupled to said first drive shaft;
a blade mount housing comprising a third drive shaft coupled to said second drive shaft, said blade mount housing being mounted on said drive shaft housing at an angle with respect to a central axis of said drive shaft housing; and
wherein said surgical blade is coupled to said third drive shaft of said blade mount housing.

7. A surgical tool as claimed in Claim 6 further comprising an external reference line marked on a surface of said blade mount housing, said external reference line indicating a desired location for placing said surgical tool on an eye to make an incision in scleral tissue of said eye to form a scleral pocket that is capable of receiving a scleral prosthesis.

8. A surgical tool as claimed in Claim 7 wherein said external reference line is located on said surface of said blade mount housing so that a desired location on said eye for aligning said external reference line with said eye is a limbus of said eye.

9. A surgical tool as claimed in Claim 6 wherein said surgical blade comprises:
a rotatable support arm having a first end coupled to said third drive shaft of said blade mount housing; and
a curved cutting blade having a first end coupled to a second end of said rotatable support arm, said curved cutting blade having a second end that is capable of making an incision in said scleral tissue that is approximately one and one half millimeters wide and approximately four millimeters long, said incision being located approximately four hundred microns under a surface of said scleral tissue.

10. A surgical tool as claimed in Claim 9 further comprising:
a blade guide mounted on said blade mount housing, said blade guide having portions that form a circularly shaped surface that is concentric with said curved cutting blade but having a radius less than a radius of said curved cutting blade, so that said curved cutting blade passes over said circularly shaped surface of said blade guide when said support arm rotates said curved cutting blade in a forward direction.

11. A surgical tool as claimed in Claim 10 wherein a distance between said circularly shaped surface of said blade guide and said curved cutting blade when said support arm rotates said curved cutting blade in a forward direction over said circularly shaped surface of said blade guide is approximately four hundred microns.

12. A surgical tool as claimed in Claim 10 wherein said blade guide comprises portions that form a forward motion safety stop for stopping a forward motion of said curved cutting blade.

13. A surgical tool as claimed in Claim 10 wherein said blade guide comprises:
a first end portion that forms a first blade slot on a first end of said blade guide; and
a second end portion that forms a second blade slot on a second end of said blade guide;
wherein said first blade slot and said second blade slot are capable of slidably receiving said
curved circular blade when said support arm rotates said curved circular blade over said circularly
shaped surface of said blade guide.

14. A surgical tool as claimed in Claim 10 wherein said blade guide comprises:
a pressure sensor capable of determining a measurement of pressure between said circularly
curved surface of said blade guide and a surface of said scleral tissue when said circularly curved
surface of said blade guide is placed into contact with said surface of said scleral tissue; and
a signal line coupling said pressure sensor to said surgical tool controller to provide said
measurement of pressure to said surgical tool controller.

15. A surgical tool as claimed in Claim 14 wherein said surgical tool controller sends a
control signal to said surgical tool disabling bidirectional rotational motion of said surgical blade
when said measurement of pressure from said pressure sensor of said blade guide does not exceed a
selected pressure level.

16. A surgical tool as claimed in Claim 10 further comprising means for holding said
scleral tissue against said circularly curved surface of said blade guide when said curved cutting
blade makes an incision in said scleral tissue.

17. A surgical tool as claimed in Claim 16 wherein said means for holding said scleral
tissue against said circularly curved surface of said blade guide when said curved cutting blade
makes an incision in said scleral tissue comprises a scleral tissue fixation tool.

18. A surgical tool as claimed in Claim 17 wherein said scleral tissue fixation tool
comprises:

 a shaft; and
 at least one fixation barb affixed to an end of said shaft, said at least one fixation barb
 capable of holding said scleral tissue when said fixation barb is rotated into engagement with said
 scleral tissue.

19. A surgical tool as claimed in Claim 17 wherein said means for holding said scleral
tissue against said circularly curved surface of said blade guide when said curved cutting blade
makes an incision in said scleral tissue comprises a vacuum.

20. A surgical tool as claimed in Claim 9 further comprising:

a blade guide mounted on said blade mount housing, said blade guide having portions that form a circularly shaped surface that is concentric with said curved cutting blade but having a radius less than a radius of said curved cutting blade, so that said curved cutting blade passes over said circularly shaped surface of said blade guide when said support arm rotates said curved cutting blade in a forward direction;

said blade guide comprising portions that form a vacuum chamber within the interior of said blade guide, and comprising portions that form a plurality of access ports between said vacuum chamber and said circularly shaped surface, and comprising portions that form a vacuum coupling that is capable of being coupled to a vacuum supply line.

21. A surgical tool as claimed in Claim 20 wherein said blade guide holds said scleral tissue against said circularly curved surface of said blade guide when said curved cutting blade makes an incision in said scleral tissue comprises a scleral tissue fixation tool by applying a vacuum to said scleral tissue through said plurality of access ports.

22. A method for making an incision in scleral tissue of an eye to form a scleral pocket to receive a scleral prosthesis, said method comprising the steps of:

placing on said scleral tissue of said eye a surgical blade of a surgical tool, said surgical blade capable of being rotated by said surgical tool through said scleral tissue of said eye to make an incision having a form of a scleral pocket;

holding said scleral tissue to restrain movement of said scleral tissue;

rotating said surgical blade in a forward direction to cause said surgical blade to pass through said scleral tissue to form said incision having said form of a scleral pocket; and

rotating said surgical blade in a reverse direction to remove said surgical blade from said incision.

23. A method as claimed in Claim 22 wherein said incision having said form of said scleral pocket comprises an incision that is approximately one and one half millimeters wide and approximately four millimeters long, said incision being located approximately four hundred microns under a surface of said scleral tissue.

24. A method as claimed in Claim 22 wherein said step of placing on said scleral tissue of said eye a surgical blade of a surgical tool further comprises the step of:

aligning an external reference line located on a surface of a blade mount housing of said surgical tool with a limbus of said eye.

25. A method as claimed in Claim 22 wherein said step of holding said scleral tissue to restrain movement of said scleral tissue comprises the step of:

holding said scleral tissue with a scleral tissue fixation tool.

26. A method as claimed in Claim 22 wherein said step of holding said scleral tissue to restrain movement of said scleral tissue comprises the step of:

holding said scleral tissue with a vacuum.

27. A method as claimed in Claim 22 wherein said step of rotating said surgical blade in a forward direction to cause said surgical blade to pass through said scleral tissue to form said incision having said form of a scleral pocket further comprises the steps of:

controlling said rotation of said surgical blade with a surgical tool controller; and

providing to said surgical tool controller control signals from a surgeon who is using said surgical tool to make an incision in said scleral tissue of said eye.

28. A method as claimed in Claim 22 further comprising the step of:

using a blade guide of said surgical tool to guide a rotation of said surgical blade through said scleral tissue to cause said surgical blade to pass through said scleral tissue at a depth of approximately four hundred microns.

29. A method as claimed in Claim 28 further comprising the steps of:

providing a pressure sensor within said blade guide;

coupling an output of said pressure sensor to said surgical tool controller;

determining with said pressure sensor a measurement of pressure between said blade guide and said scleral tissue when said blade guide is placed in contact with said scleral tissue; and providing said measurement of pressure to said surgical tool controller.

30. A method as claimed in Claim 29 further comprising the step of:

disabling bidirectional motion of said surgical blade when said measurement of pressure from said pressure sensor does not exceed a selected pressure level.

31. A surgical tool comprising:

a surgical blade; and

a motor operable to move said surgical blade through scleral tissue of an eye to make an incision, said incision forming a scleral pocket in the region of the ciliary body of said eye, said scleral pocket having a form capable of receiving a scleral prosthesis to increase the effective working distance of the ciliary muscle of said eye.

32. The surgical tool as set forth in Claim 31 further comprising a first drive shaft associated with said motor and operable to drive said movement of said surgical blade.

33. The surgical tool as set forth in Claim 31 further comprising a receptacle associated with said motor that is capable of receiving electrical power from a power source.

34. The surgical tool as set forth in Claim 33 wherein said receptacle is further capable of providing said electrical power to said motor.

35. The surgical tool as set forth in Claim 31 further comprising a controller operable to generate control signals.

36. The surgical tool as set forth in Claim 35 wherein said controller is associated with said motor and said generated control signals control movement of said surgical blade.

37. The surgical tool as set forth in Claim 36 wherein one controlled movement of said surgical blade is to make said incision.

38. The surgical tool as set forth in Claim 36 wherein one controlled movement of said surgical blade is to position said surgical blade to make said incision.

39. The surgical tool as set forth in Claim 35 further comprising a switch for use by a surgeon, said switch associated with said controller and capable of receiving control signals from the surgeon, said received control signals to control movement of said surgical blade.

40. The surgical tool as set forth in Claim 39 wherein one controlled movement of said surgical blade is to make said incision.

41. The surgical tool as set forth in Claim 39 wherein one controlled movement of said surgical blade is to position said surgical blade to make said incision.

42. The surgical tool as set forth in Claim 31 further comprising a power source.

43. The surgical tool as set forth in Claim 42 wherein said power source is externally coupled to said surgical tool.

44. A surgical tool comprising:

a surgical blade; and

a controller operable to control movement of said surgical blade through scleral tissue of an eye to make an incision, said incision forming a scleral pocket in the region of the ciliary body of said eye, said scleral pocket having a form capable of receiving a scleral prosthesis that increases the effective working distance of the ciliary muscle of said eye.

45. The surgical tool as set forth in Claim 44 further comprising a motor operable to receive control signals from said controller, said control signals controlling movement of said surgical blade.

46. The surgical tool as set forth in Claim 45 wherein one controlled movement of said surgical blade is to make said incision.

47. The surgical tool as set forth in Claim 45 wherein one controlled movement of said surgical blade is to position said surgical blade to make said incision.

48. The surgical tool as set forth in Claim 44 further comprising a first drive shaft associated with said controller and operable to drive said movement of said surgical blade.

49. The surgical tool as set forth in Claim 44 further comprising a receptacle that is capable of receiving electrical power from a power source.

50. The surgical tool as set forth in Claim 49 wherein said receptacle is further capable of providing said electrical power to said controller.

51. The surgical tool as set forth in Claim 44 further comprising a switch for use by a surgeon, said switch associated with said controller and capable of receiving control signals from the surgeon, said received control signals to control movement of said surgical blade.

52. The surgical tool as set forth in Claim 51 wherein one controlled movement of said surgical blade is to make said incision.

53. The surgical tool as set forth in Claim 51 wherein one controlled movement of said surgical blade is to position said surgical blade to make said incision.

54. The surgical tool as set forth in Claim 44 further comprising a power source.

55. The surgical tool as set forth in Claim 54 wherein said power source is externally coupled to said surgical tool.

56. A surgical tool comprising:

a surgical blade; and

an apparatus operable to move said surgical blade through scleral tissue of an eye to make an incision, said incision forming a scleral pocket in the region of the ciliary body of said eye, said scleral pocket having a form capable of receiving a scleral prosthesis to increase the effective working distance of the ciliary muscle of said eye.

57. The surgical tool as set forth in Claim 56 further comprising a first drive shaft associated with said apparatus and operable to drive said movement of said surgical blade.

58. The surgical tool as set forth in Claim 56 wherein said apparatus is a motor and said surgical tool further comprises a receptacle associated with said motor that is capable of receiving electrical power from a power source.

59. The surgical tool as set forth in Claim 58 wherein said receptacle is further capable of providing said electrical power to said apparatus.

60. The surgical tool as set forth in Claim 56 wherein said apparatus is a motor and said surgical tool further comprises a power source.

61. The surgical tool as set forth in Claim 60 wherein said power source is externally coupled to said surgical tool.